

Measles Protocol - Contact Management

Contact identification:

Close contacts are people who have either been exposed to the case or exposed to the case's respiratory secretions during the case's infectious period (4 days before rash onset to 4 days after rash onset). Consider members of the following groups:

- Household and family members;
- Those who have direct contact with respiratory secretions;
- Healthcare workers with face-to-face contact with a patient;
- Core groups of close friends, social contacts, boyfriends, girlfriends;
- School/daycare contacts;
- Contacts at church activities and employment; Participants in extracurricular activities (such as fieldtrips); and
- Persons exposed at social events.

Assess immunization records:

Close contacts should have their immunization records audited for appropriate immunity. A person is considered susceptible unless they have documentation of 2 doses of measles vaccine administered at least 1 month apart or they were born prior to 1957. A verbal report of immunization is not considered adequate documentation. If adequate documentation cannot be provided, the person should be considered susceptible.

Risk factor identification:

Determine if any contacts are immunocompromised, pregnant, or infants less than one year of age. Persons in these categories are contraindicated for vaccination and at risk for severe infection.

Quarantine:

Susceptible contacts should be quarantined in their home until 21 days after the onset of rash in the last measles case.

Chemoprophylaxis:

Vaccination

Vaccination within 72 hours of exposure in unimmunized persons can provide protection against measles in some cases. Once vaccinated, a person may come out of quarantine immediately. If immunization status is unknown, vaccination in an already immune person is not harmful.

Immune globulin (IG)

Immune globulin can provide some protection against measles in those that have been exposed – either by preventing or reducing the severity of disease. However, IG should only be considered for persons that are immunocompromised, pregnant, or infants less than 1 year of age. Public health should work with contacts' personal physicians to determine if IG is necessary. IG should be administered within 6 days of exposure, preferably within 72 hours. The recommended dose of IG is 0.25 ml/kg (0.11 ml/lb) of body weight, with a maximum dose of 15 ml.